



Department of Employment Dispute Resolution

MEDIATION AGREEMENT

Name of Participant: _____ Name of Participant: _____

We agree that the terms and conditions below are an accurate reflection of our resolution.

We understand that EDR's Mediation Staff and the Agency Workplace Mediation Coordinator will review this agreement in order to ensure that it is consistent with state and agency policies and mediation program guidelines. If the agreement is not consistent with policies and/or guidelines, we will be notified, and we will meet again to try to conform the agreement to policy.

We agree to abide by all of the terms and conditions set forth below. If a participant believes that a breach has occurred, the participant will contact the Agency Workplace Mediation Coordinator, who will attempt to resolve the matter. If the concern is not resolved with the Agency Workplace Mediation Coordinator, EDR's Mediation Staff will schedule a mediation session with the participants and original mediators, at which the participants will either resolve the dispute, void the agreement, amend the agreement, and/or enter into a new agreement.

TERMS AND CONDITIONS

Signature of Participant

Date

Signature of Participant

Date